

Davie County Register of Deeds

123 South Main Street
Mocksville, NC 27028

DEATH

For Office Use Only

\$10.00 per certified copy

Book _____ Page _____

NAME AT DEATH: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

The person deceased is my: (please circle one)

PARENT/STEP CHILD/STEP BROTHER SISTER SPOUSE GRANDPARENT GRANDCHILD

- (or) I am: () Seeking information for a legal determination of personal or property rights
() An authorized agent, attorney or legal representative of the above
() A funeral director or funeral service licensee

I solemnly swear or affirm that all of the statements contained in the above request are true and correct.
N.C. General Statute #130A-93 and -99.

Signature of Applicant

Printed name of Applicant

Address of Applicant

Date